

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5318

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed

14

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
Mr. Kenneth R.  
NICKNAME LAST SUFFIX  
Ken Oden

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE  
1506 Gaston Avenue  
Austin, Texas 78703

☐ Change of Address

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
Mr. Kenneth R.  
NICKNAME LAST SUFFIX  
Ken Oden

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE  
1506 Gaston Avenue  
Austin, Texas 78703

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 512 ) 474-4156

8 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year  
07 / 01 / 02 THROUGH Month Day Year  
12 / 31 / 02

10 ELECTION

ELECTION DATE  
Month Day Year  
/ /  
ELECTION TYPE  
☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)  
Travis County Attorney

12 OFFICE SOUGHT (if known)

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure --

Name

Address / PO Box APT / Suite # City State Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Kenneth R. Oden

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE  
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ N/A

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

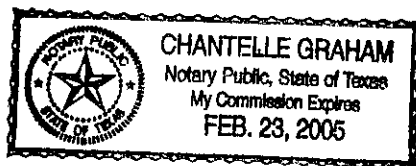
4. TOTAL POLITICAL EXPENDITURES

\$ 4,827.43

OUTSTANDING  
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ N/A

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kenneth R. Oden, this the 15th day of January, 20 03, to certify which, witness my hand and seal of office.

Chantelle Graham

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F. 1 of 3

2 FILER NAME

Kenneth Oden

3 ACCOUNT # (Ethics Commission filers)

4 Date

7-1-02

5 Payee name

Austin AFL-CIO

6 Payee address, City, State, Zip Code

1106 Lavaca St., Austin, Texas

7 Amount (\$)

65.00

8 Purpose of payment (See instructions regarding type of information required)

Ad space

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

7-30-02

Payee name

St. Mary's Law School Alumni

Payee address, City, State, Zip Code

San Antonio, Texas

Amount (\$)

500.00

Purpose of payment (See instructions regarding type of information required)

Contribution

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

8-29-02

Payee name

Austin High School Speech &amp; Debate

Payee address, City, State, Zip Code

1715 S. First St., Austin, Texas 78704

Amount (\$)

50.00

Purpose of payment (See instructions regarding type of information required)

Donation

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

9-10-02

Payee name

Amsterdam Printing

Payee address, City, State, Zip Code

166 Wallins Corners Rd., Amsterdam, NY 12010

Amount (\$)

226.95

Purpose of payment (See instructions regarding type of information required)

Printing services

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F: 2 of 3**2** FILER NAME

Kenneth Oden

**3** ACCOUNT # (Ethics Commission filers)**4** Date

9-18-02

**5** Payee name

American Bar Association

**6** Payee address: City, State, Zip Code

740 15th St., Washington DC 20005

**7** Amount (\$)

127.00

**8** Purpose of payment (See instructions regarding type of information required.)

Seminar expenses

**9** .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

9-25-02

Payee name

Central Austin Democrats

Payee address: City, State, Zip Code

1914 Patton Lane, Austin, Texas 78723

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

Event sponsor

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

9-25-02

Payee name

Ken Oden

Payee address: City, State, Zip Code

1506 Gaston Avenue, Austin, Texas 78703

Amount (\$)

1440.86

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for eligible expenses  
7-1-02 to 9-16-02.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

11-18-02

Payee name

Mariachi Relampago

Payee address: City, State, Zip Code

Austin, Texas

Amount (\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

NDAA reception

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 3 of 3

2 FILER NAME

Kenneth Oden

3 ACCOUNT # (Ethics Commission filers)

4 Date

11-23-02

5 Payee name

Mariachi Relampago

6 Payee address; City; State; Zip Code

Austin, Texas

7 Amount (\$)

200.00

8 Purpose of payment (See instructions regarding type of information required.)

NDAA reception

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

12-30-02

Payee name

Ken Oden

Payee address; City; State; Zip Code

1506 Gaston Avenue, Austin, Texas 78703

Amount (\$)

1917.62

Purpose of payment (See instructions regarding type of information required.)

Reimbursement for eligible expenses  
7-1-02 to 12-31-02

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G.

1 of 9

2 FILER NAME

Kenneth R. Oden

3 ACCOUNT # (Ethics Commission filers)

4 Date

7-6-02

5 Payee name

Mezzaluna

6 Payee address; City, State, Zip Code

310 Colorado, Austin, Texas

7 Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Staff

8

Amount  
(\$)

47.65

☒Reimbursement  
from political  
contributions  
intended

Date

7-9-02

Payee name

Benihalla Restaurant

Payee address; City, State, Zip Code

Austin, Texas

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Judges

Amount  
(\$)

201.72

☒Reimbursement  
from political  
contributions  
intended

Date

7-19-02

Payee name

Demi Epicurious

Payee address; City, State, Zip Code

311 W. Sixth St., Austin, Texas

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Constituent

Amount  
(\$)

130.56

☒Reimbursement  
from political  
contributions  
intended

Date

7-19-02

Payee name

Hyde Park Bar &amp; Grill

Payee address; City, State, Zip Code

4206 Duval Street, Austin, Texas

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Staff

Amount  
(\$)

70.40

☒Reimbursement  
from political  
contributions  
intended

Date

7-22-02

Payee name

Cafe

Payee address; City, State, Zip Code

909 Texas Avenue #F, Houston, Texas

Purpose of expenditure (See instructions regarding type of information required.)

Seminar expense

Amount  
(\$)

7.50

☒Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G: 2 of 9

2 FILER NAME

Kenneth Oden

3 ACCOUNT # (Ethics Commission filers)

4 Date

7-26-02

5 Payee name

Bennigan's

6 Payee address:

City: State: Zip Code

7604 IH 35 N, Austin, Texas

7 Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Constituent

8 Amount  
(\$)

22.48

☒ Reimbursement  
from political  
contributions  
intended

Date

8-2-02

Payee name

Chez Zee

Payee address:

City: State: Zip Code

Austin, Texas

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Staff

Amount  
(\$)

114.58

☒ Reimbursement  
from political  
contributions  
intended

Date

8-5-02

Payee name

Chez Zee

Payee address:

City: State: Zip Code

Austin, Texas

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Judge

Amount  
(\$)

66.97

☒ Reimbursement  
from political  
contributions  
intended

Date

8-8-02

Payee name

Demi Epicurious

Payee address:

City: State: Zip Code

311 W. Sixth St., Austin, Texas

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Constituent

Amount  
(\$)

145.89

☒ Reimbursement  
from political  
contributions  
intended

Date

8-14-02

Payee name

Stephen F's Inter-Continental

Payee address:

City: State: Zip Code

Austin, Texas

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Constituent

Amount  
(\$)

25.00

☒ Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G.

3 of 9

2 FILER NAME

Kenneth Oden

3 ACCOUNT # (Ethics Commission filers)

4 Date

8-5-02

5 Payee name

Doubletree Hotel

6 Payee address:

City, State, Zip Code

Austin, Texas 78701

7 Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Staff

8

Amount  
(\$)

72.36

☒Reimbursement  
from political  
contributions  
intended

Date

8-7-02

Payee name

Z'Tejas Grill

Payee address:

City, State, Zip Code

1110 W. 6th Street, Austin, Texas

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Staff

Amount  
(\$)

52.43

☒Reimbursement  
from political  
contributions  
intended

Date

8-23-02

Payee name

The Brown Bar

Payee address:

City, State, Zip Code

201 W. 8th Street, Austin, Texas

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Judge

Amount  
(\$)

26.00

☒Reimbursement  
from political  
contributions  
intended

Date

8-23-02

Payee name

Mezzaluna

Payee address:

City, State, Zip Code

310 Colorado, Austin, Texas

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Constituent

Amount  
(\$)

111.79

☒Reimbursement  
from political  
contributions  
intended

Date

8-28-02

Payee name

Star Bar and Restaurant

Payee address:

City, State, Zip Code

600 W. 6th St., Austin, Texas

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Constituent

Amount  
(\$)

35.50

☒Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G. 4 of 9
2 FILER NAME Kenneth Oden		3 ACCOUNT # (Ethics Commission filers)
4 Date 8-31-02	5 Payee name Bitter End Bistro 6 Payee address: City, State, Zip Code 311 Colorado, Austin, Texas 7 Purpose of expenditure (See instructions regarding type of information required.) Meeting with Staff	8 Amount (\$) 45.42 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 9-1-02	Payee name Guero's Taco Bar Payee address: City, State, Zip Code Austin, Texas Purpose of expenditure (See instructions regarding type of information required.) Meeting with Constituent	Amount (\$) 19.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 9-6-02	Payee name Demi Epicurious Payee address: City, State, Zip Code 311 W. 6th Street, Austin, Texas Purpose of expenditure (See instructions regarding type of information required.) Meeting with Judge	Amount (\$) 43.24 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 9-10-02	Payee name Demi Epicurious Payee address: City, State, Zip Code 311 W. 6th Street, Austin, Texas Purpose of expenditure (See instructions regarding type of information required.) Meeting with Staff	Amount (\$) 72.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 9-11-02	Payee name Chez Zee Payee address: City, State, Zip Code Austin, Texas Purpose of expenditure (See instructions regarding type of information required.) Meeting with Constituent	Amount (\$) 56.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G 5 of 9

2 FILER NAME

Kenneth Oden

3 ACCOUNT # (Ethics Commission filers)

4 Date

9-13-02

5 Payee name

Hoover's Cooking

6 Payee address, City, State, Zip Code

Austin, Texas

7 Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Constituent

8 Amount  
(\$)

40.04

☒ Reimbursement  
from political  
contributions  
intended

Date

9-16-02

Payee name

Z'Tejas Grill

Payee address, City, State, Zip Code

1110 W. 6th, Austin, Texas

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Staff

Amount  
(\$)

32.01

☒ Reimbursement  
from political  
contributions  
intended

Date

9-26-02

Payee name

Spi Beach Club

Payee address, City, State, Zip Code

South Padre, Texas

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Constituent

Amount  
(\$)

24.36

☒ Reimbursement  
from political  
contributions  
intended

Date

9-28-02

Payee name

Baby Acapulco #4

Payee address, City, State, Zip Code

Austin, Texas

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Staff

Amount  
(\$)

51.52

☒ Reimbursement  
from political  
contributions  
intended

Date

9-28-02

Payee name

The Landing

Payee address, City, State, Zip Code

San Antonio, Texas

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Constituent

Amount  
(\$)

59.50

☒ Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G 6 of 9

2 FILER NAME

Kenneth Oden

3 ACCOUNT # (Ethics Commission filers)

4 Date

10-3-02

5 Payee name

Z'Tejas Grill

6 Payee address: City, State, Zip Code

Austin, Texas

7 Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Constituent

8 Amount (\$)

49.08

☒ Reimbursement from political contributions intended

Date

9-2-02

Payee name

Chez Zee

Payee address: City, State, Zip Code

Austin, Texas

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Constituent

Amount (\$)

61.50

☒ Reimbursement from political contributions intended

Date

9-12-02

Payee name

Mezzaluna

Payee address: City, State, Zip Code

Austin, Texas

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Constituent

Amount (\$)

135.16

☒ Reimbursement from political contributions intended

Date

9-10-02

Payee name

Demi Epicurious

Payee address: City, State, Zip Code

311 W. 6th, Austin, Texas

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Constituent

Amount (\$)

86.96

☒ Reimbursement from political contributions intended

Date

9-8-02

Payee name

Matt's El Rancho

Payee address: City, State, Zip Code

Austin, Texas

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Staff

Amount (\$)

147.57

☒ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule G

7 of 9

**2** FILER NAME

Kenneth Oden

**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name The Copper Tank	<b>8</b> Amount (\$)
9-16-02	<b>6</b> Payee address: City, State, Zip Code Austin, Texas	129.56
	<b>7</b> Purpose of expenditure (See instructions regarding type of information required.) Meeting with Constituent	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Ray's Steak House	Amount (\$)
9-20-02	Payee address: City, State, Zip Code Austin, Texas	128.37
	Purpose of expenditure (See instructions regarding type of information required.) Meeting with Constituent	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Blackbeard's	Amount (\$)
9-26-02	Payee address: City, State, Zip Code	39.05
	Purpose of expenditure (See instructions regarding type of information required.) Meeting with Staff	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Blackbeard's	Amount (\$)
9-26-02	Payee address: City, State, Zip Code	143.04
	Purpose of expenditure (See instructions regarding type of information required.) Meeting with Staff	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name Demi Epicurious	Amount (\$)
9-30-02	Payee address: City, State, Zip Code Austin, Texas	41.53
	Purpose of expenditure (See instructions regarding type of information required.) Meeting with Staff	<input checked="" type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule G **8 of 9****2** FILER NAME

Kenneth Oden

**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name

Ray's Steak House

**8** Amount  
(\$)

9-24-02

**6** Payee address: City, State, Zip Code

3010 Guadalupe, Austin, Texas

114.32

**7** Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Staff

☒ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Castle Hill Cafe

Amount  
(\$)

8-9-02

Payee address: City, State, Zip Code

Austin, Texas

51.30

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Staff

☒ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Wiggy's

Amount  
(\$)

11-23-02

Payee address: City, State, Zip Code

Austin, Texas

21.10

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Constituent

☒ Reimbursement  
from political  
contributions  
intended

Date

Payee name

The Driskill Hotel

Amount  
(\$)

11-23-02

Payee address: City, State, Zip Code

Austin, Texas

64.32

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Constituent

☒ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Castle Hill Cafe

Amount  
(\$)

12-4-02

Payee address: City, State, Zip Code

Austin, Texas

27.12

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Staff

☒ Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G 9 of 9

2 FILER NAME

Kenneth Oden

3 ACCOUNT # (Ethics Commission filers)

4 Date

12-6-02

5 Payee name

Mezzaluna

6 Payee address:

City, State, Zip Code

310 Colorado, Austin, Texas

7 Purpose of expenditure (See instructions regarding type of information required.)

Meeting with APD & Staff

8

Amount  
(\$)

94.25

☒

Reimbursement  
from political  
contributions  
intended

Date

12-16-02

Payee name

Ray's Steak House

Payee address:

City, State, Zip Code

Austin, Texas

Purpose of expenditure (See instructions regarding type of information required.)

Meeting with Staff

Amount  
(\$)

100.59

☒

Reimbursement  
from political  
contributions  
intended

Date

11-20-02

Payee name

Taide's Imports

Payee address:

City, State, Zip Code

Laredo, Texas

Purpose of expenditure (See instructions regarding type of information required.)

NDAA Reception

Amount  
(\$)

34.96

☒

Reimbursement  
from political  
contributions  
intended

Date

11-21-02

Payee name

Texas State History Museum

Payee address:

City, State, Zip Code

Austin, Texas

Purpose of expenditure (See instructions regarding type of information required.)

NDAA Reception

Amount  
(\$)

280.00

☒

Reimbursement  
from political  
contributions  
intended

Date

11-21-02

Payee name

I.T. Copy

Payee address:

City, State, Zip Code

Austin, Texas

Purpose of expenditure (See instructions regarding type of information required.)

NDAA Reception

Amount  
(\$)

32.46

☒

Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

